

ROUTE # _____ - _____ - _____

DATE RECEIVED _____ / _____ / _____

WATER ACCT # _____

MONTH OFF OF DRAFT _____ / _____

FOR BANK DRAFT REMOVAL

PLEASE COMPLETE THIS SECTION FORM & RETURN TO:

CITY OF McCOMB / ATT. WATER BILLING

P O BOX 667

McCOMB, MS 39649-0667

NAME ON WATER ACCT _____

SERVICE ADDRESS _____

NAME OF BANK _____

ADDRESS OF BANK _____

_____, _____

NAME ON CHECKING ACCT _____

CHECKING ACCT # _____

YOUR SIGNATURE _____

YOUR PHONE # _____ - _____ - _____

THIS IS TO REMOVE WATER ACCTS FROM
AUTOMATIC BANK DRAFT. BY SIGNING ABOVE I
WILL BE REMOVED UNTIL FURTHER NOTICE.